



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE  
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 2-8-05 to 4-17-05  
Mo Day Year Mo Day Year

1. Committee I.D. Number 137569  
2. Committee Name CTE Brian White

4. Candidate Last Name White First Name Brian M.I.

4a. Office Sought Including District # or Community Served (If applicable)  
Warren Consolidate Schools Board of Education  
Trustee

4b. County of Residence Macomb

5. Committee's Mailing Address  
2187 KOPER DR  
STERLING HTS MI 48310  
Area Code and Phone 586 795-8540

6. Treasurer's Name & Residential Address  
Brian White  
2187 KOPER DR, STERLING HTS MI 48310  
Area Code & Phone 586 795-8540

7. Treasurer's Business Address  
17500 W 11 MILE  
LATHROP VILLAGE, MI 48076  
Area Code and Phone 248 569-2500

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone ( )

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary ☐ General  
☐ Convention ☒ School  
☐ Special ☐ Caucus

Date of Election, Convention or Caucus

5-3-05  
Month Day Year

9c. ☐ Annual Statement ( Coverage Year)

9d. ☒ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper Brian White Brian White Date 5 20 05  
Type or Print Name Signature Mo Day Year  
Candidate Brian White Brian White Date 5 20 05  
Type or Print Name Signature Mo Day Year

Authority granted under P.A. 388 of 1976

MAILED  
JAN 11 2006  
CLERK  
MICHIGAN  
FILED



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number

137569

2. Committee Name

CTE Brian White

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

**RECEIPTS**

**3. Contributions**

a. Itemized (Schedule 1A - Column 6)

(3a.) \$ 2215.00

b. Unitemized (less than \$20.01 each - no Schedule)

(3b.) \$ NOT APPLICABLE

c. Subtotal of "Contributions"

(3c.) \$ 2215.00

**4. Other Receipts (Schedule 1A -1, Column 6)**

(4.) \$ -0-

**5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS**  
(Add Line 3c + Line 4)

(5.) \$ 2215.00

Column II  
Cumulative this election cycle

(18.) \$ 2215.00

(19.) \$ -0-

(20.) \$ 2215.00

**IN-KIND CONTRIBUTIONS & EXPENDITURES**

**6. In-Kind Contributions (Schedule 1-IK, Column 7)**

(6.) \$ 223.62

**7. In-Kind Expenditures (Schedule 1B-IK, Column 6)**

(7.) \$

(21.) \$ 223.62

(22.) \$

**EXPENDITURES**

**8. Expenditures**

a. Itemized (Schedule 1B, Column 6)

(8a.) \$ 1217.43

b. Itemized Get-Out-the-Vote (Schedule 1B-G)

(8b.) \$ -0-

c. Unitemized (less than \$50.01 each - no Schedule)

(8c.) \$ -0-

**9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)**

(9.) \$ 1217.43

(23.) \$ 1217.43

**INCIDENTAL EXPENSE DISBURSEMENTS**  
(Officeholders Only)

**10. Disbursements**

a. Itemized (Schedule 1C, Column 6)

(10a.) \$ -0-

b. Unitemized (less than \$50.01 each - no Schedule)

(10b.) \$ -0-

**11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS**  
(Add Line 10a + Line 10b)

(11.) \$ -0-

(24.) \$ -0-

**DEBTS AND OBLIGATIONS**

**12. Debts and Obligations**

a. Owed by the Committee (Schedule 1E)

(12a.) \$ 5404

b. Owed to the Committee (Schedule 1E)

(12b.) \$

**BALANCE STATEMENT**

**13. Ending Balance of last report filed**  
(Enter zero if no previous reports have been filed.)

(13.) \$ -0-

**14. Amount received during reporting period**  
(Line 5, Total Contributions & Other Receipts)

(14.) + \$ 2215.00

**15. SUBTOTAL Add lines 13 and 14**

(15.) = \$ 2215.00

**16. Amount expended during reporting period**  
(Add lines 9 and 11)

(16.) - \$ 1217.43

**17. ENDING BALANCE**  
(Subtract line 16 from line 15)

(17.) \$ 997.57



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number

137569

2. Committee Name

CTE Brian White

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		8. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-05</u> Name: <u>PATRICK FENTON</u> Address: <u>1178 BROOKWOOD, BIRMINGHAM, MI 48009</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>RAINBOW CHILD DEVELOPMENT</u> Business Address <u>17500 W. ELEVEN MILE, LATHROP VILLAGE MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser <u>480</u>		500 <sup>00</sup>	500 <sup>00</sup>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-05</u> Name: <u>LISA MURCHISON</u> Address: <u>33302 VICEROY DRIVE, STERLING HILLS, MI 48300</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		40 <sup>00</sup>	40 <sup>00</sup>
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-05</u> Name: <u>GREG MURCHISON</u> Address: <u>33302 VICEROY DRIVE, STERLING HILLS MI 48300</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		50 <sup>00</sup>	50 <sup>00</sup>
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-14-05</u> Name: <u>DEBORAH PARIV</u> Address: <u>29718 VANLAW DR, WARREN, MI 48092</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		100 <sup>00</sup>	100 <sup>00</sup>
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		690 <sup>00</sup>	690 <sup>00</sup>

Enter this total on  
line 3 of Summary  
Page.

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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number

137569

2. Committee Name

Brian White

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-05</u> Name: <u>ROSE HOWARD</u> Address: <u>4510 Brown, WARREN, MI 48092</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		40 <sup>00</sup>	40 <sup>00</sup>
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-05</u> Name: <u>LINDA SPRANGER</u> Address: <u>29755 Ohmer WARREN, MI 48092</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		60 <sup>00</sup>	60 <sup>00</sup>
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-05</u> Name: <u>DAVID LOEWEN</u> Address: <u>32502 Grimsell WARREN, MI 48092</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		40 <sup>00</sup>	40 <sup>00</sup>
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>3-11-05</u> Name: <u>JULIE SPARKS</u> Address: <u>31634 BELLEVUE, WARREN, MI 48092</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		40 <sup>00</sup>	40 <sup>00</sup>
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		180 <sup>00</sup>	2015 <sup>00</sup>

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Enter this total on  
line 3 of Summary  
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MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number

2. Committee Name

137159

CTE Brown White

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name: <u>ROBIN LILLY</u> Address: <u>38225 Cherrwood Dr Troy MI 48063</u> 4. Date of Receipt: <u>5-11-05</u> 5. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Business Address: _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		100 <sup>00</sup>	100 <sup>00</sup>
3. Contribution #2 Name: <u>CHARLES WHITE III</u> Address: <u>29368 DEQUINDRE, WARREN, MI 48092</u> 4. Date of Receipt: <u>5-11-05</u> 5. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Business Address: _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		80 <sup>00</sup>	80 <sup>00</sup>
3. Contribution # 3 Name: <u>CHERYL VICKERS</u> Address: <u>127237 TOWNSEND, WARREN, MI 48092</u> 4. Date of Receipt: <u>5-11-05</u> 5. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Business Address: _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		20 <sup>00</sup>	20 <sup>00</sup>
3. Contribution # 4 Name: _____ Address: _____ 4. Date of Receipt: _____ 5. If over \$100.00 cumulative, please provide: Occupation: _____ Employer: _____ Business Address: _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		200 <sup>00</sup>	2215 <sup>00</sup>

Enter this total on  
line 3 of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**ITEMIZED IN-KIND CONTRIBUTIONS**  
**SCHEDULE 1-IK**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number

2. Committee Name

137569

CTE Brian White

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 PAC Receipt? <input type="checkbox"/> Yes Name <u>Brian White</u> Address: <u>2187 KOPER</u> <u>STERLING HEIGHTS MI 4830</u> If over \$100.00 cumulative, please provide: Occupation: <u>ACCOUNTANT</u> Employer: <u>RAINBOW CHILD DEVELOPMENT</u> Business Address: <u>17500 W 11 MILE</u> <u>LATHROP VILLAGE</u> <u>MI 48076</u> <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>CAMPAIGN PHOTO</u> 5. Date Of Receipt: <u>3-7-05</u> 6. Vendor Name & Address: <u>ART REC STUDIOS</u> <u>30211 MOUND, WARREN, MI</u>	169.58	223.62
Contribution #2 PAC Receipt? <input type="checkbox"/> Yes Name Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:		
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name Address: If over \$100.00 cumulative, please provide: Occupation: Employer: Business Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address:		

Page Subtotal  
Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

169.58

223.62

Enter this total  
on line 6 of  
Summary  
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